ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS State File No	
1. PLACE OF BIRTH STANDARD CERTIFI	ICATE OF BIRTH Registered No.
CountyLla	State Augona
District or Township	or Village
City Miami No Miami Inspiration despital St. Ward	
(If birth occurred in a hospital or institution, give its NAME instead of street and number) 2. Full name of child Many Cliyable Kly (If child is not yet named, make supplemental report, as directed.)	
3. Sex of Child To be answered ONLY in event of plural births. 4. Twin, triplet or other	6. Legitimate? 7. Date of hirth april 9, 1928
8. FATHER ** Full name Martin C Key	14. MOTHER Full maiden name Nannie Elizabeth Hudson
9. Residence (Usual place of abode) If non-resident, give place and state.	15. Residence (Usual place of abode) If non-resident, give place and state.
10. Color or race	16. Color or race
White 11. Age at last birthday 35 (Years)	White 17. Age at last birthday 30 (Years)
12 Rirthplace (city or place)	18. Birthplace (city or place)
(State or country) Lengia	(State or country) Jennessee
13. Occupation autalyze Weldh. Nature of industry Copper mine	19. Occupation Nature of industry Minnemife
20. Number of children of this mother	
(Taken as of time of hirth of child herein } (b) Born alive bu	ut now dead 6 thalmia neonatorum.
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 10:53 m. on the date above stated.	
* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn	Then'll
Little in any about matching handling nor l	m_{Σ}
Given name added from a supplemental report	Manni (Physician or midwife).
Month, day, year	210 88 68
Registrar. Filed Left	Registrar,
* no middle name, just an initial "C" 428-409. 535	
C)	